

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

15 CV 0867

Malik Norris

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

E.S.U Officers Captain Frazier 1397, C.O. Braggett  
18902, Brian 14814, Darius 14391, Bunch 18742, Cap 18409  
Souffrat 18762, C.O. Bryan and C.O. Davis

**COMPLAINT**

under the

Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial:  Yes  No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Malik Norris  
ID # 888 14 00385  
Current Institution Manhattan House  
Address 125 white st. ny, ny 10013

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CIVIL PROSECUTION  
MIS FEB-4 P 2013

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Captain Frazier Shield # 1397  
Where Currently Employed G.R.V.C  
Address 19-09 Hazen st East Elmhurst ny 11370

Defendant No. 2 Name Barlett Shield # 18907  
 Where Currently Employed G.R.N.C  
 Address 09-09 Haven St  
East Elmhurst NY 11370

Defendant No. 3 Name Brain Shield # 14814  
 Where Currently Employed G.R.N.C  
 Address 09-09 Haven St  
East Elmhurst NY 11370

Defendant No. 4 Name Darius Shield # 14391  
 Where Currently Employed G.R.N.C  
 Address 09-09 Haven St  
East Elmhurst NY 11370

Defendant No. 5 Name Col Shield # 18409  
 Where Currently Employed G.R.N.C  
 Address 09-09 Haven St  
East Elmhurst NY 11370

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

This situation occurs in G.R.N.C.

B. Where in the institution did the events giving rise to your claim(s) occur?

This event happened in 13 A the box area.

C. What date and approximate time did the events giving rise to your claim(s) occur?

It was on 6/30/14 at 2300 x0731.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

D. Facts: On October 30 2014 e.s.u assaulted me and a few other inmates, when did not receive the proper medical attention, but I would like to know do the facility accept this in they institution. They tore certain ligaments in my hands, feet and probably other places to. e.s.u have been mistreating me and I am in fear for my life. I was unconscious they kick me to wake up. Then the doctors gave me my treatment then sent me to my housing unit. I was in massive pain, my eye was also throbbing the pain was a nine out of ten. This suppose to be care, custody and control that drives the inmates. They took all my lin and had me sleeping on just a mattress that is unsanitary.

Its like G.R.U.C allow e.s.u to do what ever they want in they institution that is ridiculous. Some action need to be done about it, because this is really abnormal for human beings to be treated this way. They had officers putting their hands on me that didn't suppose to touch me at all.

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. for my hands I have been complaining to the doctors my eye socket and left arm! It seems like anyone do not care not even the captains or deputies.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes  No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

G.R.V.C.

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes  No \_\_\_\_\_ Do Not Know \_\_\_\_\_

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes \_\_\_\_\_ No  Do Not Know \_\_\_\_\_

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes  No \_\_\_\_\_

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_\_ No

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? \_\_\_\_\_

2. What was the result, if any? \_\_\_\_\_

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

## V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). They need to come to understand the or be reasonable because this can not just be happen to me or other inmates. It is not right to be mistreating human beings like this.

## VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes      No

## On these claims

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)  
\_\_\_\_\_  
\_\_\_\_\_

On  
other  
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes  No \_\_\_\_\_

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff ~~C.D. Mihail, Deputy MS Smith, MS Banks, Mr. Durantz, Malik Naeem~~

Defendants ~~C.D. Mihail, Deputy MS Smith, MS Banks, Mr. Durantz~~

2. Court (if federal court, name the district; if state court, name the county) State

3. Docket or Index number 14-CV-9305 (LaF)

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit Loretta A. Preska

6. Is the case still pending? Yes  No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 26 day of January, 2015.

Signature of Plaintiff	<u>Malik Norris</u>
Inmate Number	<u>868-14-00365</u>
Institution Address	<u>125 White St.</u> <u>New York, New York 10013</u>

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 26 day of January, 2013, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: Malik Noor

Plaintiff's 888 W 00385  
115 White St  
New York, NY 10013

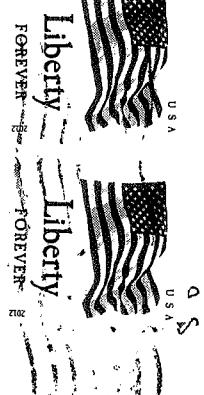
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U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

500 Pearl Street  
New York, New York 10007

Plaintiff's  
Affidavit  
(CD)

CC  
2/4/15



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